



Radioactive Material Registration Application

State Form 49771 (R/6-00)
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FOR OFFICIAL USE ONLY:

☐ R _____ - _____
☐ Denotes Multiple Sites

- INSTRUCTIONS:** 1. Fill out all blocks. This application may be returned to you without processing if any information is missing. If an item does not apply, put "NA" in that block.
2. Type or clearly print all information.
3. If extra sheets are needed to complete this application, staple them to this form.
4. Send the completed form to: **Indiana State Department of Health, Indoor and Radiological Health, 2 North Meridian St. 5F, Indianapolis, IN 46204.**
5. Allow 6 to 8 weeks for processing. You will receive a Registration Certificate indicating your registration number and expiration date or a letter indicating why your application was denied. **NOTE: Certificates are not issued for Amendment applications.**
6. If you have any questions, call AC 317/233-7147 and ask for the Radioactive Material Program Specialist.

Type of Application

Check the box matching the purpose for this application:

☐

New Registration

☐

2 Year Renewal

☐

Amendment

Registrant Information

Name of Registrant (Company/Corporate Name):

Registrant Street Address:

City:

State:

Zip Code:

Phone Number:

Radiation Safety Officer
(RSO) Name & Title:

RSO Phone
Number:

Include with this application a copy of your most recent amendment to your USNRC/Agreement State License.



USNRC/Agreement State
License Number(s), if any:

Use of Materials/Sources (If more than one facility/location of use, please list additional sites on an attachment)

Facility/Location where materials/sources will be used (if different from registrant):

Street Address:

City:

State:

Zip Code:

Phone Number:

Authorized/Individual Users:

Name:

Title:

1.

2.

3.

4.

5.

6.

List the names and titles of all individuals who will use or directly supervise the use of radioactive materials. If more space is needed, provide the list on a separate attached sheet. This sheet should have on it the name of the registrant, your registration number, as well as the name and phone number of the RSO.



Describe the purpose or use for the radioactive materials and/or sealed sources, and the department(s) and/or process(es) where used:

Registration Agreement

This agreement should be signed by a person who has legal responsibility for the radioactive materials at the facility (e.g. Owner, Hospital Administrator, Company President, Plant Manager, CEO, etc.).

I understand that failure to comply with IC 16-41-35 or 410 IAC 5 may result in revocation of my materials registration.

Name of Certifying Officer (Typed or Printed): _____

Signature of Certifying Officer: _____ Date Signed _____

Continued on Other Side

List of Sealed Sources

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List all sealed sources used. If more space is needed, provide the list on a separate sheet. This sheet should have on it the name of the registrant, your registration number, as well as, the name and phone number of the RSO.

[illegible]

List of Radioactive Materials

List all radioactive materials used. If more space is needed, provide the list on a separate sheet. This sheet should have on it the name of the registrant, your registration number, as well as, the name and phone number of the RSO.

[illegible]